

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027866

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

118

Primary Registration District No.

4188

Registrar's No.

23

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		c. CITY OR TOWN Owensville	
Length of stay in lb 33 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 511 W MONROE		d. STREET ADDRESS (If outside, give location) 511 W MONROE	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDGAR LIVINGSTON HARTMAN		4. DATE OF DEATH Month Day Year JULY 26 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE CUTTER		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and state or country) CUKA Mo.
13a. FATHER'S NAME DAVID HARTMAN		13b. MOTHER'S MAIDEN NAME LAURA SLINKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT MRS SOPHIA HARTMAN - Owensville Mo.		14. NAME OF HUSBAND OR WIFE HARTMAN SOPHIA B GRIFFITH	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Arteriosclerosis DUE TO (c) Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days plus 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-6-63 to 7-26-63 and last saw him alive on 7-25-63 Death occurred at 1 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paula Brenner, M.D. (Degree or title)		22b. ADDRESS Owensville, Mo.	
22c. DATE SIGNED 7-27-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 7-28-63		23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	
23d. LOCATION (City, town, or county) Owensville Mo.		24. FUNERAL DIRECTOR GOTTENSTROETER FUNERAL HOME Owensville Mo.	
25. DATE RECD. BY LOCAL REG. July 27, 1963		26. REGISTRAR'S SIGNATURE Mrs. Marvin Lappin	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 1983

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Owensville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.